

**ADVICE TO APPLICANT**

*PLEASE READ CAREFULLY. FEE WILL NOT BE RETURNED.*

- I. Certain Permanent Resident Aliens Eligible for Cancellation of Removal: You may be eligible to have your removal canceled under section 240A(a) of the Immigration and Nationality Act (INA) if:
- A. You have been a permanent resident for at least five 5 years;
  - B. Prior to service of the Notice to Appear, or prior to committing a criminal or related offense referred to in sections 212(a)(2) and 237(a)(2) of the INA, or prior to committing a security or related offense referred to in section 237(a)(4) of INA;

-- you have at least 7 years continuous residence in the United States after having been lawfully admitted in any status; and

**NOTE:** If you have served on active duty in the Armed Forces of the United States for at least 24 months, you do not have to meet the requirements of continuous residence in the United States. You must, however, have been in the United States when you entered the Armed Forces. If you are no longer in the Armed Forces, you must have been separated under honorable conditions.

- C. You have not been convicted of an aggravated felony.
- II. Certain Permanent Resident Aliens NOT Eligible for Cancellation of Removal: You are not eligible to have your removal canceled under section 240A(a) of the INA if you:
- A. Entered the United States as a crewman after June 30, 1964;
  - B. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA in order to receive a graduate medical education or training, regardless of whether you are subject to or have fulfilled the 2 year foreign residence requirement of section 212(e) of the INA;
  - C. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA, other than to receive graduate medical education or training, and are subject to the 2 year foreign residence requirement of section 212(e) of the INA but have neither fulfilled nor obtained a waiver of that requirement;
  - D. Are an alien who is either inadmissible under section 212(a)(3) of the INA or deportable under section 237(a)(4) of the INA;
  - E. Are an alien who ordered, incited, assisted, or otherwise participated in the persecution of an individual because of the individual's race, religion, nationality, membership in a particular social group, or political opinion; or
  - F. Are an alien who was previously granted relief under section 212(c) of the INA, or section 244(a) of the INA as such sections were in effect prior to the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, or whose removal has previously been canceled under section 240A of the INA.

**III. How Certain Permanent Resident Aliens Can Apply for Cancellation of Removal**

In order for certain permanent resident aliens to apply for cancellation of removal, you must answer all the questions on the attached Form EOIR-42A fully and accurately. An instruction sheet is attached to guide you in completing your application, paying the filing fee, serving your application on the Immigration and Naturalization Service, and filing your application with the appropriate Immigration Court. Please read the instruction sheet carefully before completing your application.

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## INSTRUCTIONS

### 1. PREPARATION OF APPLICATION.

To apply for cancellation of removal as a permanent resident alien under section 240A(a) of the Immigration and Nationality Act (INA), you must fully and accurately answer all questions on the attached Form EOIR-42A. A separate application must be prepared and executed for each person applying for cancellation of removal. An application on behalf of an alien who is mentally incompetent or is a child under 14 years of age shall be executed by a parent or guardian.

Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. If any questions do not apply to you, write "none" or "not applicable" in the appropriate space.

To the extent possible, answer all questions directly on the form. If there is insufficient room to fully respond to a question, please continue your response on an additional sheet. Please indicate the number of the question being answered next to your response on the additional sheet and sign, date, and securely attach the additional sheet to the Form EOIR-42A.

### 2. BURDEN OF PROOF.

The burden of proof is on you to prove that you meet all of the statutory requirements for cancellation of removal for certain permanent resident aliens under section 240A(a) of the INA and that you are entitled to such relief as a matter of discretion. To meet this burden, your responses to the questions on the application should be as detailed and complete as possible. You should also attach to your application any documents that demonstrate your eligibility for relief (see "SUPPORTING DOCUMENTS" below).

### 3. SUPPORTING DOCUMENTS.

You should submit documentary evidence to show both that you have been a permanent resident alien for at least 5 years, and that you have 7 years of continuous residence in the United States after having been lawfully admitted in any status. This evidence may include, but is not limited to, immigration stamps in passports, INS Form I-94, leases, deeds, receipts, letters, church records, school records, employment records, and tax payment records.

The original of all supporting documents must be available for inspection at the hearing. If you wish to have the original documents returned to you, you should also present reproductions.

### 4. REQUIRED DOCUMENTS.

Each applicant 14 years of age or older must also complete a Biographic Information Form G-325A and a Fingerprint Card, FD-258. You will be given instructions on how to complete this requirement. You will be notified in writing of the time and locations of the Application Support Center or the designated Law Enforcement Agency where you must go to be fingerprinted. It is important to furnish all the information on the fingerprint card.

### 5. TRANSLATIONS.

Any document in a foreign language must be accompanied by an English language translation and a certificate signed by the translator stating that he/she is competent to translate the document and that the translation is true and accurate to the best of the translator's abilities. Such certification must be printed legibly or typed.

## 6. FEES.

Before you file your Form EOIR-42A with the Immigration Court, you must pay the required \$100 fee to the Immigration and Naturalization Service. Evidence of payment of this fee in the form of a fee stamp or a receipt must accompany your Form EOIR-42A. This fee will not be refunded, regardless of the action taken on your application. Therefore, it is important that you read the advice, instructions, and application carefully before responding. **If you are unable to pay the fee, you may ask the Immigration Judge to permit you to file your Form EOIR-42A without fee (fee waiver).**

**DO NOT SEND CASH.** All fees must be submitted in the exact amount. Remittance may be made by personal check, cashier's check, certified bank check, bank international money order, or foreign draft drawn on a financial institution in the United States and payable to the "Immigration and Naturalization Service" in United States currency. If the applicant resides in the Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If the applicant resides in Guam, the check or money order must be made payable to the "Treasurer, Guam." Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. When the check is drawn on an account of a person other than the applicant, the name and alien registration number of the applicant must be entered on the face of the check. All checks must be drawn on a bank located in the United States.

## 7. SERVING & FILING YOUR APPLICATION.

You must serve the following documents on the INS District Counsel:

- a copy of your Form EOIR-42A, Application for Cancellation of Removal, with all supporting documents and additional sheets;
- evidence of payment of the filing fee or a request for a waiver of the fee by an Immigration Judge;
- the original Biographical Information Form G-325A; and
- the original Fingerprint Card, FD-258.

You must file the following documents with the appropriate Immigration Court:

- the original Form EOIR-42A with all supporting documents and additional sheets;
- evidence of payment of the filing fee or a request for a waiver of the fee by an Immigration Judge;
- a copy of Biographical Information Form G-325A;
- a copy of Fingerprint Card, FD-258; and
- a certificate showing service of these documents on the INS District Counsel, unless service is made on the record at the hearing.

## 8. PENALTIES.

You must answer all questions on Form EOIR-42A truthfully and submit only genuine documents in support of your application. **You will be required to swear or affirm that the contents of your application and the supporting documents are true to the best of your knowledge.** Your answer to the questions on this form and the supporting documents you present will be used to determine whether your removal should be canceled and whether you should be permitted to retain your permanent resident status. Any answer you give and any supporting document you present may also be used as evidence in any proceeding to determine your right to be admitted or readmitted, re-enter, pass through, or reside in the United States. Your application may be denied if any of your answers or supporting documents are found to be false.

Presenting false answers or false documents may also subject you to criminal prosecution under 18 U.S.C. section 1546 and/or subject you to civil penalties under 8 U.S.C. section 1324c if you submit your application knowing that the application, or any supporting document, contains any false statement with respect to a material fact, or if you swear or affirm that the contents of your application and the supporting documents are true, knowing that the application or any supporting documents contain any false statement with respect to a material fact. If convicted, you could be fined up to \$250,000, imprisoned for up to five (5) years, or both. 18 U.S.C. sections 1546(a), 3559(a)(4), 357(b)(3). If it is determined you have violated the prohibition against document fraud and a final order is entered against you, you could be subject to a civil penalty up to \$2,000 for each document used or created for the first offense, and up to \$5,000 for any second, or subsequent offense. In addition, if you are the subject of a final order for violating 8 U.S.C. section 1324c, relating to civil penalties for document fraud, you will be removable from the United States.

#### **9. PAPERWORK REDUCTION ACT.**

We try to create forms and instructions that are accurate, can easily be understood, and which impose the least possible burden on you to provide us with information. Often, this process is difficult because some immigration laws are very complex. The reporting burden for this collection of information is computed as follows: (1) learning about the form, 45 minutes, (2) completing the form, 2 hours, and (3) assembling and filing the form, 3 hours, for an average of 5 hours, 45 minutes per application. If you have comments regarding the accuracy of this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, you may write to the U.S. Department of Justice, Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

#### **10. REPORTING BURDEN.**

A person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Application for Cancellation of Removal  
for Certain Permanent Residents

PLEASE READ ADVICE AND INSTRUCTIONS  
BEFORE FILLING IN FORM

PLEASE TYPE OR PRINT

Fee Stamp

PART 1 - INFORMATION ABOUT YOURSELF

1) My present true name is: <i>(Last, First, Middle)</i>		2) Alien Registration Number:	
3) My name given at birth was: <i>(Last, First, Middle)</i>		4) Birth Place: <i>(City, Country)</i>	
5) Date of Birth: <i>(Month, Day, Year)</i>	6) Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7) Height:	8) Hair Color:
9) Eye Color:			
10) Current Nationality & Citizenship:	11) Social Security Number:	12) Home Phone Number: ( )	13) Work Phone Number: ( )
14) I currently reside at:  <i>Apt. number and/or in care of</i> <i>Number and Street</i> <i>City or Town</i> <i>State</i> <i>ZIP Code</i>		15) I have been known by these additional name(s):   	

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 7 years.)

Street and Number - Apt. or Room # - City or Town - State - ZIP Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
		PRESENT

PART 2 - INFORMATION ABOUT THIS APPLICATION

- 17) I, the undersigned, hereby request that my removal be canceled under the provisions of section 240A(a) of the Immigration and Nationality Act (INA). I believe that I am eligible for this relief because I have been a lawful permanent resident alien for 5 or more years, have 7 years of continuous residence in the United States, and have not been convicted of an aggravated felony. I was admitted as or adjusted to the status of an alien lawfully admitted for permanent residence on \_\_\_\_\_  
(date)
- at \_\_\_\_\_  
(place)

**PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES**

18) My first arrival into the United States was under the name of: (Last, First, Middle)

19) My first arrival to the United States was on: (Month, Day, Year)

20) Place or port of first arrival: (Place or Port, City, and State)

21) I: ☐ was admitted as a lawful permanent resident.☐ was admitted as a nonimmigrant. Specify visa type: \_\_\_\_\_☐ entered without inspection.☐ other - specify \_\_\_\_\_

22) If admitted as a nonimmigrant, period for which admitted: (Month, Day, Year)

23) My last extension of stay in the United States expired on: (Month, Day, Year)

24) Since the date of my first arrival, I departed from and returned to the United States at the following places and on the following dates: (Please list all departures regardless of how briefly you were absent from the United States)

If you have never departed from the United States since your original date of arrival, please mark an X in this box: ☐

	Port of Departure (Place or Port, City and State)	Departure Date (Month, Day, Year)	Purpose of Travel	Destination
1	Port of Return (Place or Port, City and State)	Return Date (Month, Day, Year)	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Port of Departure (Place or Port, City and State)	Departure Date (Month, Day, Year)	Purpose of Travel	Destination
2	Port of Return (Place or Port, City and State)	Return Date (Month, Day, Year)	Manner of Return	Inspected & Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Port of Departure (Place or Port, City and State)	Departure Date (Month, Day, Year)	Purpose of Travel	Destination

25) Have you ever departed the United States:

a) under an order of deportation, exclusion or removal? ----- ☐ Yes ☐ Nob) pursuant to a grant of voluntary departure? ----- ☐ Yes ☐ No**PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued on page 3)**26) I am not married: ☐

27) If married, the name of my spouse is: (Last, First, Middle)

28) Date of marriage: (Month, Day, Year)

I am married: ☐

29) The marriage took place in: (City and Country)

30) Birth place of spouse: (City and Country)

31) My spouse currently resides at:

Apt. number and/or in care of

Number and Street

City or Town

State/Country

ZIP Code

32) Birth date of spouse: (Month, Day, Year)

33) My spouse is a citizen of: (Country)

34) If your spouse is other than a native born United States citizen, answer the following:

He/she arrived in the United States at: (Place or Port, City, and State) \_\_\_\_\_

He/she arrived in the United States on: (Month, Day, Year) \_\_\_\_\_

His/her alien registration number is: A# \_\_\_\_\_

He/she was naturalized on: (Month, Day, Year) \_\_\_\_\_ at \_\_\_\_\_

(City and State)

35) My spouse ☐ - is ☐ - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
	\$
	\$
	\$

**PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued)**

36) I ☐ -have ☐ - have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:

37) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce? ☐ - Yes ☐ - No

**PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS**

38) Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
	\$			PRESENT
	\$			
	\$			

39) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:


40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

Self		Jointly Owned with Spouse	
Cash, Stocks, and Bonds — — — — —	\$	Cash, Stocks, and Bonds — — — — —	\$
Real Estate — — — — —	\$	Real Estate — — — — —	\$
Automobile (value minus amount owed) — — —	\$	Automobile (value minus amount owed) — — —	\$
Other (describe on line below) — — — — —	\$	Other (describe on line below) — — — — —	\$
TOTAL	\$	TOTAL	\$

41) I ☐ - have ☐ - have not received public or private relief or assistance (e.g. Welfare, Unemployment Benefits, Medicaid, AFDC, etc.). If you have, please give full details including the type of relief or assistance received, place, date for which relief or assistance was received, and total amount received during this time:

--

42) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service:

--

**PART 6 - INFORMATION ABOUT YOUR FAMILY** (Continued on page 5)

43) I have \_\_\_\_\_ (number of) children. Please list information for each child below, including assets and earnings information for children over the age of 16 who have separate incomes:

Name of Child: (Last, First, Middle) Child's Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Now Residing At: (City and Country) Birth Place: (City and Country)	Immigration Status of Child
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			
A#: Estimated Total of Assets: \$ _____ Estimated Average Weekly Earnings: \$ _____			

44) If your application is denied, would your spouse and all of your children accompany you to your:

Country of Birth - ☐ Yes ☐ No

Country of Nationality - ☐ Yes ☐ No

Country of Last Residence - ☐ Yes ☐ No

If you answered "No" to any of the responses, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

45) Members of my family, including my spouse and/or child(ren) ☐ - have ☐ - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, AFDC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, place, dates for which relief or assistance was received, and total amount received during this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

46) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: (Last, First, Middle) Alien Registration Number:	Citizen of What Country: Birth Date: (Month, Day, Year)	Relationship to Me: Birth Place: (Place and Country)	Immigration Status of Listed Relative
A#: Complete Address of Current Residence: _____	/ /		
A#: Complete Address of Current Residence: _____	/ /		

Please use a separate sheet for additional entries.

**PART 7 - MISCELLANEOUS INFORMATION** (Continued on page 6)

47) I ☐ - have ☐ - have not entered the United States as a crewman after June 30, 1964.

48) I ☐ - have ☐ - have not been admitted as, or after arrival in the United States acquired the status of, an exchange alien.

49) I ☐ - have ☐ - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

50) I ☐ - have ☐ - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). (If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

51) Have you ever served in the Armed Forces of the United States? ☐ - Yes ☐ - No. If "Yes," please state branch (Army, Navy, etc.) and service number: \_\_\_\_\_

Place of entry on duty: (City and State) \_\_\_\_\_

Date of entry on duty: (Month, Day, Year) \_\_\_\_\_ Date of discharge: (Month, Day, Year) \_\_\_\_\_

Type of discharge: (Honorable, Dishonorable, etc.) \_\_\_\_\_

I served in active duty status from: (Month, Day, Year) \_\_\_\_\_ to (Month, Day, Year) \_\_\_\_\_

52) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States? ☐ Yes ☐ No

53) Have you ever deserted from the military or naval forces of the United States while the United States was at war? ☐ Yes ☐ No

54) If male, did you register under the Selective Service (Draft) Law of 1917, 1918, 1948, 1951, or later Draft Laws? ☐ Yes ☐ No

If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: \_\_\_\_\_

\_\_\_\_\_

55) Were you ever exempted from service because of conscientious objection, alienage, or any other reason? ☐ Yes ☐ No

56) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16th birthday. Include any foreign military service in this part. If none, write "NONE." Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: (Month, Day, Year)	Member To: (Month, Day, Year)

## PART 7 - MISCELLANEOUS INFORMATION *(Continued)*

57) Have you ever:

- ☐ Yes ☐ No been ordered deported, excluded, or removed?
- ☐ Yes ☐ No overstayed a grant of voluntary departure from an Immigration Judge or the Immigration and Naturalization Service (INS)?
- ☐ Yes ☐ No failed to appear for deportation or removal?

58) Have you ever been:

- ☐ Yes ☐ No a habitual drinker?
- ☐ Yes ☐ No one whose income is derived principally from illegal gambling?
- ☐ Yes ☐ No one who has given false testimony for the purpose of obtaining immigration benefits?
- ☐ Yes ☐ No engaged in prostitution or unlawful commercialized vice?
- ☐ Yes ☐ No involved in a serious criminal offense and asserted immunity from prosecution?
- ☐ Yes ☐ No a polygamist?
- ☐ Yes ☐ No one who aided and/or abetted another to enter the United States illegally?
- ☐ Yes ☐ No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)?
- ☐ Yes ☐ No inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA?
- ☐ Yes ☐ No one who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
- ☐ Yes ☐ No a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been canceled under section 240A of the INA?

59) The following certificates or other supporting documents are attached hereto as a part of this application: *(Refer to the Instruction Sheet for documents which should be attached).*


**PART 7 - MISCELLANEOUS INFORMATION (Continued)**

**APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE  
AN IMMIGRATION JUDGE**

I do swear or affirm that the contents of the above application, including the documents attached hereto, are true to the best of my knowledge, and that this application is now signed by me with my full, true name.

\_\_\_\_\_  
*(Complete and true signature of applicant or parent or guardian)*

Subscribed and sworn to before me by the above-named applicant at \_\_\_\_\_

\_\_\_\_\_  
*Immigration Judge*

\_\_\_\_\_  
*Date: (Month, Day, Year)*

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of the foregoing was: ☐ - delivered in person, ☐ - mailed first class, postage prepaid

on \_\_\_\_\_ (Month, Day, Year) to \_\_\_\_\_  
*(INS District Counsel and Address)*

\_\_\_\_\_  
*Signature of Applicant (or attorney or representative)*